RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

shington, D.C.	20549			
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FORM D

FORM LIMITED OFFERING EXEMPTION

2007 NOTICE OF SALE OF SECURITIES PŮRSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL OMB Number: 3235-0076 April 30 2008

Coldo



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Limited Liability Company Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 V Section	4(6) ULOE
Type of Filing:	•
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)	
Clipper 2007 LLC	
Address of Executive Offices (Number and Street, City, State, Zip Coo	te) Telephone Number (Including Area Code)
1521 Facheco Street, C-201 Santa Fe, New Mexico 87505	505-471-9394
Address of Principal Business Operations (Number and Street, City, State, Zip Co (if different from Executive Offices)	de) Telephone Number (Including Area Code)
Brief Description of Business	
To accuire, lease and sell real estate	PROCESSED
Type of Business Organization	ner (please specify): APR 1 3 2007
	· ·
	Liability Company FHOMSON
Month Year	FINANCIAL
titer a promise paragram and a second a second and a second a second and a second a second and a second and a second and a	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State:
City for Canada, 174 for Outer foreign Januaricatory	[Ziba]

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information re	quested for the fol	• • • • • • • • • • • • • • • • • • • •	BASIC IDEN	TIPICATI	DN DATA		*	QC.	4 1 4 1 4 1
Each promoter of t	he issuer, if the iss	uer has been o	organized with	in the past	five years;				
Each beneficial own	ner having the pow	er to vote or di	spose, or direc	t the vote or	disposition (	of, 10%	6 or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director o	f corporate iss	uers and of co	rporate gen	eral and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership i	ssucrs.						
Check Box(cs) that Apply:	Promoter	Benefic	ial Owner	Execut	ive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i	f individual)						<del></del>		<u></u>
Gibbs, Robert L.	•								
Business or Residence Addre 1512 Pacheco Street, C-			-	:)					· 
Check Box(es) that Apply:	Promoter	Benefic	ial Owner	Execut	ive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Meyer, Beth Ann	f individual)								
Business or Residence Addre	ss (Number and	Street, City, S	tate, Zip Code	<del>)</del>		-			
1521 Pacheco Street, C-2	01, Santa Fe, I	lew Mexico	87505						
Check Box(es) that Apply:	Promoter	Benefic	cial Owner	Execut	ive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Robert and Marianne Git		dated Janu	ary 4, 1990				•		
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code	:)	•				· · · · · · · · · · · · · · · · · · ·
1512 Pacheco Street, C-2	201, Santa Fe, N	lew mexico	87505						<u> </u>
Check Box(es) that Apply:	Promoter	Benefic	cial Owner	Execut	ive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code	t)					
Check Box(es) that Apply:	Promoter	Benefit	cial Owner	Execu	ive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		····						
Business or Residence Addre	ss (Number and	Street, City, S	State, Zip Code	e)		·			
Check Box(es) that Apply:	Promoter	Benefit	cial Owner	Execu	ive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	f individual)								
Business or Residence Addre	ess (Number and	Street, City, S	State, Zip Cod	c)			<u></u>		
Check Box(es) that Apply:	Promoter	Benefi	cial Owner	Execu	tive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		,						
Business or Residence Addre	ess (Number and	Street, City,	State, Zip Cod	c),	<del></del>		·		1
	(Use bla	nk sheet, or c	opy and use ac	iditional co	pies of this s	heet, a	s necessar	y)	

					B. II	NFORMAT	ON ABOU	T OFFERI	NG	4			
	T'' ()					11 4						Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									•••••	<b>X</b>		
2.										•••••	\$ 931	i .26	
												Yes	No
3.													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.										ė			
Ful N/	-	Last name	first, if indi	ividual)				·		1			•
		Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)			<u> </u>			
							·						
Na	me of Ass	ociated Bi	roker or Dea	aler									
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)	*************			***************************************		•••••	_ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)								•	
Bu	siness or	Residence	: Address (l	Number an	d Street, C	ity, State, 2	Zip Code)			•		•	
Na	me of Ass	sociated B	roker or De	aler								<u>.</u>	
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.   Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
	· · ·		first, if ind										
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)				•		
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All State:	s" or check	individual	States)				************		•••••	. [] Al	1 States
	AL IL MT RU	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		<b>\$</b>
	Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	\$
	Partnership Interests		\$
	Other (Specify Limited Liability Company Interests		\$_93,126.00
	Total	93,126.00	\$ 93,126.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>74,511.8</u> 0
	Non-accredited Investors	1.5	<u>\$ 18 614.20</u>
	Total (for filings under Rule 504 only)		\$ <u>93,126.0</u> 0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	None	\$
	Regulation A	None	\$
	Rule 504	None	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 0.00
		-	

**	C OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
<b>5</b> .	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
	· · · · · · · · · · · · · · · · · · ·		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□\$	. 🗆 \$
	Purchase of real estate		<u></u>	\$ 78,257.00
	Purchase, rental or leasing and installation of mac and equipment	hinery		
	Construction or leasing of plant buildings and faci	ilitics	<b>\$</b>	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	<b>□\$</b>	□\$
	Repayment of indebtedness		<del></del>	<del></del>
	Working capital			_
	Other (specify): Tax (\$500), Closing Costs (\$81	□ <b>\$</b>	\$ 14,869.00	
	Liability Insurance(\$750)			· • ·
			<b></b>	. 🗆 \$
	Column Totals			
	Total Payments Listed (column totals added)		□\$ <u>9</u> 3	3,126.00
5 so		D. FEDERAL SIGNATURE	Marie Ma	
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commi-	ssion, upon writte	tle 505, the following on request of its staff,
Iss	ner (Print or Type)	Signature / /// /	Date /	
	pper 2007 LLC	(AUT)	3/2	107
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<del></del>	<del></del>
Rol	ert Gibbs	Manager		
	<del></del>	<u> </u>		

 $\mathcal{END}$ 

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)